

## PROJECT EVALUATION FORM

| 1.  | SPONSOR'S OFFICE:                        |   |  |
|-----|--|---|--|
| 2.  | INFORMATION REQUEST DATE:                |   |  |
| 3•  | TARGET SITE IDENTIFICATION:              |   |  |
| 4.  | PROJECT NUMBER:                          |   |  |
| 5•  | SOURCE NUMBER:                           |   |  |
| 6.  | NUMBER OF REPORTS SUBMITTED FOR PROJECT: |   |  |
| 7•  | REPORT IDENTIFICATION NUMBERS AND DATES: |   |  |
|     |  |   |  |
| 8.  | REFERENCES:                              |   |  |
|     | // a.                                    | Requirements (Cite) (ICR/CIR/DIRM 3/DIRM 9)   |  |
|     | // b.                                    | Initiative Report   |  |
| 9•  | REASON FO                                | R EVALUATION (select one)   |  |
|     | // a.                                    | ICR Response  |  |
|     | // b.                                    | Collectors Request  |  |
|     | // c.                                    | Selected by Analyst   |  |
| 10. | VALUE OF                                 | INFORMATION (select one)  |  |
|     | // a.                                    | Major Significant Value (narrative comment required; include report numbers, specific information in the report which was valueable, and why it was of value) |  |

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|     | // c. ]           | No Value (see Item 12, Delow)   |
|-----|-------------------|---|
| 11. | TYPES OF more and | PRODUCTS TO BENEFIT FROM USE OF REPORTED INFORMATION (select one or describe how the products will benefit) |
|     | // a.             | Basic Intelligence  |
|     | // b.             | Current Intelligence  |
|     | // c.             | Estimative Intelligence   |
|     | // d•             | S&T Intelligence  |
| 12. | REASON II         | NFORMATION IS OF NO VALUE (select one only)   |
|     | // a.             | Too Fragmentary   |
|     | // b.             | Duplicative   |
|     | // c.             | Untimely  |
|     | // d•             | Not Responstive to Tasking Cited  |
| 13. | DEGREE O          | F REQUIREMENT SATISFACTION (select one only)  |
|     | // a•             | Completely Satisfied  |
|     | // b.             | Partially Satisfied   |
|     | // c.             | Not Satisfied At All  |

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application of this unique intelligence methodology)

14. REMARKS (comments should include but not be limited to recommendations for

| 15  | DISCLOSURE DATA (select one only)                      |  |  |  |
|-----|--|--|--|--|
| 19• |  |  |  |  |
|     | // a. Releasable Evaluation Not Requested              |  |  |  |
|     | // b. Evaluation Is Not Releasable                     |  |  |  |
|     | // c. Evaluation Is Releasable on a Need-To-Know Basis |  |  |  |
| 16. | EVALUATOR'S NAME:                                      |  |  |  |
| 17. | EVALUATOR'S OFFICE SYMBOL:                             |  |  |  |
| 18. | DATE EVALUATED:  |  |  |  |
| 19. | ORIGINATOR OF REQUEST FOR INFORMATION:                 |  |  |  |
| 20. | (Signature of evaluator)                               |  |  |  |